

**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application No.	10/802,983
Filing Date	March 17, 2004
First Named Inventor	Thomas E. Valiulis
Group Art Unit	3632
Examiner Name	Anita M. King
Attorney Docket No	502440-CIP

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

1. Submission required under 37 CFR 1.114

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on _____
(Any unentered amendment(s) referred to above will be entered.)
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on
- iii. ☐ Other:
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Form PTO-1449
- v. ☐ Copies of References listed in Form PTO-1449
(except for U.S. patents and applications)
- vi. ☐ Other:

2. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; fee under 37 CFR 1.17(i) required.)
- b. ☒ Applicant claims small entity status. See 37 CFR 1.27
- c. ☐ Other:

3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

- a. ☒ Please charge Deposit Account No. 50-3505 in the total amount indicated below. A duplicate copy of this transmittal sheet is enclosed herewith.
- i. ☒ RCE fee of \$395.00 (small entity) required under 37 CFR 1.17(e)
- ii. ☒ One-month extension of time fee of \$60.00 (small entity) (37 CFR 1.136 and 1.17)
- iii. ☒ Petition for an extension of time (including the period noted above, if checked), as well as for any additional period necessary to render the present submission timely. Please charge Deposit Account No. 50-3505 for the appropriate petition fee.
- iv. ☐ Suspension of action fee of \$130.00 (37 CFR 1.17(i))
- v. ☐ Other:
- vi. ☐ Claim fee

395.00
60.00

CLAIM FEE	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADD'L CLAIM FEE	RATE	ADD'L CLAIM FEE
TOTAL	23	MINUS	28	= 0	x 25=	\$0.00	x 50=	\$
INDEPENDENT	3	MINUS	2	= 0	x 100=	\$0.00	x 200=	\$
<input type="checkbox"/>	FIRST PRESENTATION OF MULTIPLE CLAIM				+ 180=	\$	+ 360=	\$
Claim fee total								
Total amount to be charged to Deposit Account								455.00
b. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any deficiencies in the above fees or to credit any overpayments to Deposit Account No. 50-3505								

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED			
<i>Name (Print/Type)</i>	William H. Dietrich	<i>Registration No. (Attorney/Agent)</i>	48359
<i>Signature</i>	/William H. Dietrich/	<i>Date</i>	August 31, 2006
<i>Address</i>	Reinhart Boerner Van Deuren P.C. 2215 Perrygreen Way Rockford, Illinois 61107	<i>Phone</i>	(815) 633-5300 (telephone) (815) 654-5770 (facsimile)